



Senate

General Assembly

File No. 464

February Session, 2012

Substitute Senate Bill No. 142

Senate, April 17, 2012

The Committee on Appropriations reported through SEN. HARP of the 10th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT INCREASING ELIGIBILITY FOR THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (i) of section 17b-342 of the 2012 supplement to
2 the general statutes is repealed and the following is substituted in lieu
3 thereof (*Effective July 1, 2012*):

4 (i) (1) On and after July 1, 1992, the Commissioner of Social Services
5 shall, within available appropriations, administer a state-funded
6 portion of the program for persons (A) who are sixty-five years of age
7 and older; (B) who are inappropriately institutionalized or at risk of
8 inappropriate institutionalization; (C) whose income is less than or
9 equal to the amount allowed under subdivision (3) of subsection (a) of
10 this section; and (D) whose assets, if single, do not exceed the
11 minimum community spouse protected amount pursuant to Section
12 4022.05 of the department's uniform policy manual or, if married, the
13 couple's assets do not exceed one hundred fifty per cent of said
14 community spouse protected amount and on and after April 1, 2007,

15 whose assets, if single, do not exceed one hundred fifty per cent of the
16 minimum community spouse protected amount pursuant to Section
17 4022.05 of the department's uniform policy manual or, if married, the
18 couple's assets do not exceed two hundred per cent of said community
19 spouse protected amount and on and after July 1, 2012, whose assets, if
20 single, do not exceed forty thousand dollars or, if married, the couple's
21 assets do not exceed sixty-five thousand dollars.

22 (2) Except for persons residing in affordable housing under the
23 assisted living demonstration project established pursuant to section
24 17b-347e, as provided in subdivision (3) of this subsection, any person
25 whose income is at or below two hundred per cent of the federal
26 poverty level and who is ineligible for Medicaid shall contribute
27 [seven] six per cent of the cost of his or her care. Any person whose
28 income exceeds two hundred per cent of the federal poverty level shall
29 contribute [seven] six per cent of the cost of his or her care in addition
30 to the amount of applied income determined in accordance with the
31 methodology established by the Department of Social Services for
32 recipients of medical assistance. Any person who does not contribute
33 to the cost of care in accordance with this subdivision shall be
34 ineligible to receive services under this subsection. Notwithstanding
35 any provision of the general statutes, the department shall not be
36 required to provide an administrative hearing to a person found
37 ineligible for services under this subsection because of a failure to
38 contribute to the cost of care.

39 (3) Any person who resides in affordable housing under the assisted
40 living demonstration project established pursuant to section 17b-347e
41 and whose income is at or below two hundred per cent of the federal
42 poverty level, shall not be required to contribute to the cost of care.
43 Any person who resides in affordable housing under the assisted
44 living demonstration project established pursuant to section 17b-347e
45 and whose income exceeds two hundred per cent of the federal
46 poverty level, shall contribute to the applied income amount
47 determined in accordance with the methodology established by the
48 Department of Social Services for recipients of medical assistance. Any

49 person whose income exceeds two hundred per cent of the federal
 50 poverty level and who does not contribute to the cost of care in
 51 accordance with this subdivision shall be ineligible to receive services
 52 under this subsection. Notwithstanding any provision of the general
 53 statutes, the department shall not be required to provide an
 54 administrative hearing to a person found ineligible for services under
 55 this subsection because of a failure to contribute to the cost of care.

56 (4) The annualized cost of services provided to an individual under
 57 the state-funded portion of the program shall not exceed fifty per cent
 58 of the weighted average cost of care in nursing homes in the state,
 59 except an individual who received services costing in excess of such
 60 amount under the Department of Social Services in the fiscal year
 61 ending June 30, 1992, may continue to receive such services, provided
 62 the annualized cost of such services does not exceed eighty per cent of
 63 the weighted average cost of such nursing home care. The
 64 commissioner may allow the cost of services provided to an individual
 65 to exceed the maximum cost established pursuant to this subdivision
 66 in a case of extreme hardship, as determined by the commissioner,
 67 provided in no case shall such cost exceed that of the weighted cost of
 68 such nursing home care.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2012	17b-342(i)

AGE *Joint Favorable Subst. C/R*

APP

APP *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 13 \$	FY 14 \$
Social Services, Dept.	GF - Cost	3.1 million	3.2 million

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a cost to the state of approximately \$3.1 million in FY 13 and \$3.2 million in FY 14 associated with increasing eligibility and reducing cost sharing for the Connecticut Home Care Program for Elders (CHCPE). Increasing the asset limit for individuals, from \$34,092 to \$40,000, and for couples, from \$45,456 to \$65,000, results in a cost of approximately \$2.5 million in each fiscal year. Decreasing cost sharing for the program, from 7% to 6%, results in a cost of approximately \$626,400 in FY 13 and \$653,960 in FY 14.

sHB 5014, the revised FY 13 budget bill, as favorably reported by the Appropriations Committee, appropriated \$2.5 million for increasing the asset limit and \$626,400 for reducing cost sharing under the CHCPE.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sSB 142*****AN ACT INCREASING ELIGIBILITY FOR THE CONNECTICUT HOME-CARE PROGRAM FOR THE ELDERLY.*****SUMMARY:**

This bill increases the amount of assets an individual in the state-funded portion of the Connecticut Home Care Program for Elders (CHCPE) can retain. CHCPE provides Medicaid and state-funded home and community-based services to individuals age 65 and older as an alternative to nursing home care.

Currently, assets are limited to 150% and 200% of the federal Medicaid program's minimum community spouse protected amount (CSPA, currently \$22,728) for single and married applicants, respectively. The bill increases these limits from (1) \$34,092 to \$40,000 for a single person and (2) \$45,456 to \$65,000 for a married couple.

The bill also decreases, from 7% to 6%, the amount people enrolled in the state-funded portion of the CHCPE must pay toward their service costs. For people with incomes over 200% of the federal poverty level (FPL), this charge is in addition to any income the Department of Social Services applies toward the cost of their care. By law, these cost sharing requirements do not apply to participants with incomes at or below 200% of the FPL who live in affordable housing.

EFFECTIVE DATE: July 1, 2012

BACKGROUND**CSPA**

The CSPA is the amount of assets the spouse of someone who applies for Medicaid in a nursing home can keep in order not to impoverish him or herself and end up also requiring institutional care.

The maximum and minimum amounts are set by federal law and the state must update them yearly.

COMMITTEE ACTION

Aging Committee

Joint Favorable Substitute Change of Reference

Yea 11 Nay 0 (03/08/2012)

Appropriations Committee

Joint Favorable

Yea 54 Nay 1 (04/03/2012)